

NON-USPS ADJUSTMENT REQUEST--PAYMENTS

(Fringe Benefit/Employee Business Expense)

STD 676P (NEW 1-96) (REVERSE) FMC

P

INSTRUCTIONS

Please type or print clearly. Complete all required information for each line. Do not use ditto marks to indicate duplicate line information. Entries on Form STD. 676P must be as follows:

BOX A -- Item Code. A separate form STD. 676P is required for each Item Code. Enter the two character ALPHA code, below, for the benefit being reported.

BOX B -- Item Description. Enter the full name, below, of the benefit being reported (e.g. CARS — Standard Mileage Allowance or MEALS AND LODGING — Long Term Travel).

BOX C -- Tax Year. A separate form STD. 676P is required for each tax year.

- If the employee receives reimbursement via revolving fund check, tax year is the calendar year in which the revolving fund check is issued.

- If the employee receives reimbursement via the State Controller's Office — Claims Process, the tax year is the calendar year in which the warrant is issued.

BOX D -- Page ____ of ____ must be completed.

COLUMN

- Enter the employee's Social Security Number.
- Enter the employee's first/middle initials and surname.
- Enter the three-digit agency code.
- Enter the three-digit unit number.
- Enter the pay period in which the benefit amounts were paid or incurred whether reporting reimbursement via revolving fund check or claim warrant.
- Enter the gross amount subject to withholding.
- Enter the gross amount **NOT** subject to withholding. This column is used **ONLY** to report the "UP TO" amounts of:
 - Standard Mileage Allowance
 - Moving Expense Mileage Reimbursements
 - Per Diem or
 - the non-taxable portion of Moving Expense Relocation reimbursement.

COLUMN

- Enter the State Code--CA, California
IL, Illinois
NY, New York
Blank, all others

NOTE: FOR VAN POOL DRIVER AND LONG TERM TRAVEL, LEAVE STATE CODE BLANK.

- Enter the issue date of the benefit payment. Issue date is defined as the last day of the pay period in which payments were issued to the employee.

BOTTOM BOXES

- Enter the agency/campus name.
- Signature of the reporting officer is required.
- Enter the current date.
- Enter the name and telephone number of the person completing the form.

ITEM CODE	ITEM DESCRIPTION
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AR	AIRCRAFT • Reimbursement Plans
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AE	AWARDS/BONUSES • Employee Recognition and Morale Program
AH	• Health and Safety Incentive Award Program
AS	• Safety Incentive Award Program

BM	BICYCLE MILEAGE
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CB	CARS • Call Back Mileage
CC	• Commuter Mileage
CR	• Remote Headquarters Mileage
CS	• Standard Mileage Allowance

EA	EDUCATIONAL ASSISTANCE
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EE	ENTERTAINMENT EXPENSES
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HE	HOUSING/LODGING • Executive Housing Expense
HR	• Reimbursement Plans

ITEM CODE	ITEM DESCRIPTION
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ML	MEALS AND LODGING • Long Term Travel
MP	• Per Diem

MM	MOVING EXPENSES • Mileage Reimbursement
MR	• Relocation Expense

OM	OVERTIME MEAL COMPENSATION
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SC	SCHOLARSHIPS • CSU Fee Waiver Program
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TA	TOOL ALLOWANCES
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TD	TRANSPORTATION SUBSIDIES • Discount Travel/Transit Passes
TV	• Van Pool Driver

UA	UNIFORM ALLOWANCES
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